

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF TEXAS, DEL RIO DIVISION

United States of America

vs.

(1) Marta Isabel Mejia

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§

CRIMINAL COMPLAINT

CASE NUMBER: DR:15-M -02920(1)

I, the undersigned complainant being duly sworn state the following is true and correct to the best of my knowledge and belief. On or about **April 09, 2015** in **Maverick** county, in the **WESTERN DISTRICT OF TEXAS** defendant(s) did, (track statutory language of offense) knowingly and willfully enter the United States at a time and place other than as designated by Immigration Officers, he/she being an alien in the United States in violation of Title **8** United States Code, Section(s) **1325(a)(1)**.

I further state that I am a(n) **Border Patrol Agent** and that this complaint is based on the following facts: *"On April 9, 2015, the defendant, Marta Isabel MEJIA, a native and citizen of Honduras, was arrested near Eagle Pass, Texas. Subsequent investigation revealed that the defendant is an alien illegally present in the United States. The Defendant last entered the United States illegally from the Republic of Mexico by crossing the Rio Grande River at a time and place other than as designated by Immigration Officers, near Eagle Pass, Texas."*


Continued on the attached sheet and made a part of hereof:

☐ Yes ☒ No

Sworn to before me and subscribed in my presence,

04/10/2015
File Date

COLLIS WHITE
U.S. MAGISTRATE JUDGE



Signature of Complainant

at DEL RIO, Texas
City and State



Signature of Judicial Officer

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CRIMINAL COMPLAINT

CASE NUMBER: DR:15-M -02920(1) - CW

**JUDGEMENT IN A CRIMINAL CASE
(For A Petty Offense) - Short Form**

The defendant, Marta Isabel Mejia, was presented by counsel, Blas Hernandez Delgado Jr..

The defendant pled guilty to the complaint on April 13, 2015. Accordingly, the defendant is adjudged guilty of the following offense(s):

<u>Title & Section</u>	<u>Nature of Offense</u>	<u>Date of Offense</u>
8 USC 1325	ILLEGAL ENTRY	April 09, 2015

As pronounced on April 13, 2015, the defendant is hereby committed to the custody of the United States Bureau of Prisons for a term of 7 days with credit for time already served. The sentence is imposed to the Sentencing Reform Act of 1984.

The special assessment imposed pursuant to 18 U.S.C. § 3013 is hereby remitted pursuant to 18 U.S.C. § 3573 because of reasonable efforts to collect this assessment are not likely to be effective.

The fine is waived because of the defendant's inability to pay.

It is further ordered that the defendant shall notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this Judgement are fully paid.

Filed and Signed on this the 13th day of April, 2015.



COLLIS WHITE
U.S. MAGISTRATE JUDGE

Arresting Agency: DRBP - Del Rio Border Patrol
USM#: 50887380

1. CIR./DIST./DIV. CODE TXW		2. PERSON REPRESENTED (1) Marta Isabel Mejia		VOUCHER NUMBER		
3. MAG. DKT/DEF. NUMBER DR:15-M -02920(1)		4. DIST.DKT./DEF.NUMBER		5. APPEALS DKT./DEF.NUMBER		
7. IN CASE/MATTER OF (Case Name) U.S. vs. (1) Marta Isabel Mejia		8. PAYMENT CATEGORY Petty Offense		9. TYPE PERSON REPRESENTED Adult Defendant		
				10. REPRESENTATION TYPE Criminal Case		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 8 USC 1325(a)(1) - IMPROPER ENTRY BY AN ALIEN 8 USC 1325(a)(1)						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Delgado, Blas Hernandez Jr. 111 Soledad Suite 300 San Antonio, TX 78205 Telephone Number: (210) 227-4186			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs for Federal Defender <input type="checkbox"/> R Subs for Retained Attorney <input type="checkbox"/> P Subs for Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions) _____			
			Signature of Presiding Judicial Officer or By Order of the Court 04/10/2015 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment <input type="checkbox"/> YES <input type="checkbox"/> NO			
CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW
15. IN C O U R T	a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:						
16. O U R T	a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:						
17.	Travel Expenses (lodging, parking, meals, mileage, etc.)					
18.	Other Expenses (other than expert, transcripts, etc.)					
GRAND TOTALS (CLAIMED AND ADJUSTED):						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
FROM: _____ TO: _____						
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____						
APPROVED FOR PAYMENT -- COURT USE ONLY						
23. IN COURT COMP.		24. OUT OF COURT COMP		25. TRAVEL EXPENSES		
				26. OTHER EXPENSES		
28. SIGNATURE OF THE PRESIDING JUDGE				27. TOTAL AMT. APPR./CERT.		
				DATE		
29. IN COURT COMP.		30. OUT OF COURT COMP		31. TRAVEL EXPENSES		
				32. OTHER EXPENSES		
34. SIGNATURE OF THE CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>				33. TOTAL AMT. APPR./CERT.		
				DATE		
				34a. JUDGE CODE		